

**SPECIAL RECREATION PERMIT
POST USE SUMMARY REPORT**

Permit Number _____
Company Name _____

Permit Area _____
Reporting period _____ to _____

1. Total User Days:

To determine the total user days, add the user days indicated on the Trip Logs for all day trips and overnight trips.

- a) Clients, Total User Days _____
b) Staff, Total User Days _____
c) Total User Days _____

2. Permit Fee Calculation

- a) Total Receipts \$ _____
b) Permit Fee Rate (3%) x 0.03
c) Actual Use Fee [Multiply Line 2b) x Line 2a), enter result here] \$ _____
d) Credit from Previous Payments \$ (-) _____
e) Subtract Credit from Actual Use Fee [Line 2c) – Line 2d] \$ _____
f) **BALANCE DUE**, If Line 2e) is MORE than zero, that is your permit fee balance due ... \$ _____
Please submit payment in full for the Balance Due with your post use report.
g) **CREDIT DUE**, If Line 2e) is LESS than zero, that is the amount you overpaid \$ _____
*Overpayment will be credited towards next year's permit fee unless a refund is requested in writing;
A request for refund may be included with the Post Use Report in the space for comments below.
If your actual use fee is less than the minimum annual fee of \$90, only the amount paid over \$90 will be credited.*

3. Please describe all accidents or injuries which occurred during the season (date, location, actions taken)

4. Please describe any management problems associated with your permit, the use of public land or related issues you feel need management attention.

4. Other Comments:

Permittee's Signature _____

Date _____

Permittee's Name _____